INFORMATION PERTAINING TO THE PRE-EMPLOYMENT BACKGROUND CHECK RELEASE FORM

Individuals who apply for employment with the District of Columbia Office of the Attorney General shall be subject to a background investigation. To facilitate the background investigation, applicants are requested to sign a release authorizing the D.C. Office of the Attorney General to access information which it may deem relevant to an employment decision.

D.C. Office of the Attorney General may seek the following types of information:

- a. Information about your previous employment during the last 5 years;b. Information about your educational background (if relevant to the position for which I am applying;
- c. Reference checks from previous employers or personal reference checks;
 d. Professional or other type of license, if a prerequisite for the position;
 e. Federal, State & Local Tax Information;
 f. Credit Information; and

g. Any other background information considered necessary by the agency (i.e., professional standing, if relevant to the position for which you are applying, provided that the basis for obtaining such information is not arbitrary or capricious.

The information you supply will be used principally to aid in the completion of an investigation to determine your fitness for employment with the District of Columbia Government. The information you provide is voluntary, however, your failure to authorize release of such information may mean that the required information cannot be obtained to complete your investigation. Without a completed pre-appointment investigation a position cannot be filled in an applicant's case; nor can a clearance be issued to an employee until the investigation is completed.

The information obtained and developed through investigation may be furnished to designated officers and employees of the Office of the Attorney General for employment purposes including an access determination, an evaluation of qualifications, suitability and loyalty to the Government, and a determination regarding qualifications or suitability for performing a contractual service to the D.C. Government.

[*NOTE: Information regarding disclosure of your Social Security Number (SSN) is in accordance with section 3104.3 of Chapter 31 of the D.C. personnel regulations, Records Management and Privacy of Records. Disclosure of your SSN is mandatory to obtain the services and benefits of employment with the District government. The SSN is used as an identifier throughout your District government career. The SSN also will be used by the District government in connection with lawful requests for information about you directed to your former employees, educational institutions and financial or other organizations. The information gathered through the use of the SSN will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records.]

GOVERNMENT OF THE DISTRICT OF COLUMBIA D.C. Office of the Attorney General

AUTHORIZATION FOR RELEASE OF INFORMATION FOR PRE-EMPLOYMENT CHECK

[Carefully read this authorization to release information about you, then sign and date it in ink.]

Name: ______ Date of Birth: _______

*Social Security Number: _____ Place of Birth: ______

This release, as transmitted to me by a duly-authorized representative of the D.C. Office of the Attorney General, Human Resource Division, constitutes my consent and authority to the District government to examine and obtain copies, abstracts of records, or receive statements and information regarding my background. Specifically, I hereby authorize the release of the following information or records to a duly-authorized representative of the District government agency considering me for employment:

- h. Information about my previous employment during the last 5 years;
- i. Information about my educational background (if relevant to the position for which I am applying;
- j. Reference checks from previous employers or personal reference checks;
- k. Professional or other type of license, if a prerequisite for the position;
- 1. Federal, State & Local Tax Information;
- m. Credit Information; and

Home Address:

n. Any other background information considered necessary by the agency (i.e., professional standing, if relevant to the position for which I am applying), provided that the basis for obtaining such information is not arbitrary or capricious.

I give this authorization for the release of the information above in connection with a tentative offer of appointment made by the D.C. Office of the Attorney General. I further authorize the custodians of records and other sources of information pertaining to me to release the information upon formal request. I authorize the release of this information regardless of any previous agreement to the contrary. I understand that the information released by the custodians of records and other sources of information are for official use by the District government, only for the purposes of employment, and that it may be re-disclosed by the District government only as authorized by law or regulation.

I acknowledge that a telephone, facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county, and local government agencies and authorities, and private organizations.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that this authorization is <u>valid for 1 year</u> from the date signed, or upon the termination of my affiliation with the District government, whichever is sooner.

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Signature of Applicant	Date
	OAG HR Form No. 01